PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									^		/	915	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR	OTHER	THAN ENTITY
T	OTAL CLAIMS	.	14					RATE		FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC F	EE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	I (f minus 20=		*	0		X\$ 9:	-		OR	X\$18=	
IN	DEPENDENT C	LAIMS	4 minus 3 =		•	1		X43=			OR	X86=	
Mi	JLTIPLE DEPE	NDENT CLAIM P	RESENT					145	1		1	.000	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=			OR	+290=	,
CLAIMS AS AMENDED - PART II								TOTA	י נ		OR	TOTAL	•
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	I	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		•	OR	X\$18=	
	Independent	*	Minus	***	_	=	ı	X43=	T		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1			+290=	
(Column 1) (Column 2) (Column 3)											OR	TOTAL	
									EL		OR ,	ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGHE	ST	T COIGHIN 3)			T	ADDI-	ſ		ADDI-
		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=	1		OR	X\$18=	
	Ind pendent		Minus	***		*		X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	Ť		Ì	+290=	
							L	TOTA	╀		OR	TOTAL	
									ĒL		OR A	ODIT. FEE	
-1	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								-		_		
AMENDMENT C		REMAINING AFTER AMENDMENT	·	PREVIOUS PAID F	EA JSLY	PRESENT EXTRA	L	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+	Minus	**		= .		X\$ 9=			OR	X\$18=·	
	Independent		Minus	***		=		X43=	T		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								t		ı	+290=	
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	
	the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS	S SPACE IS	less than	3, enter *3.*		TOTAL ODIT. FEE of in the ar	L			DDIT. FEE	
	•		,	p	., 10	g		U.U U	ات . س				ı